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NOTICE OF ALLOWANCE AND FEE(S) DUE

7590 01/14/2004

D. Peter Hochberg Co LPA 1940 E. 6th Street - 6th Floor Cleveland, OH 44114-2294 EXAMINER
GHALLISIS A D

ART UNIT PAPER NUMBER

1615

DATE MAILED: 01/14/2004

٢	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	00/486 266	05/03/2000	THOMAS HILLE	FLA-0035	3529

TITLE OF INVENTION: TRANSDERMAL THERAPEUTIC SYSTEM COMPRISING A RESERVOIR-TYPE PRESSURE-SENSITIVE ADHESIVE LAYER AND A BACK LAYER WITH UNI-DIRECTIONAL RESILIENCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/14/2004

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT.
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THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON
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THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOLASB (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

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□ Applicant claims SMALL ENTITY status. See 37 CFR 1.27

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indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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APPLN TYPE

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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TOTAL FEE(S) DUE

(Depositor's name)
(Segnature)
(Date)

DATE DUE

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

394862.56 05/03/2000 THOMAS HILLE FLA-0035 3259

TITLE OF INVENTION: TRANSUPRAM I THERAPEUTIC SYSTEM COMPRISING A RESERVOIR-TYPE PRESSURE-SENSITIVE ADHESIVE LAYER AND A

BACK LAYER WITH UNI-DIRECTIONAL RESILIENCE

ISSUE FEE

nonprovisional	NO	\$1330		\$0	\$1330	04/14/2004
EXAMINE	R ·	ART UNI	Г	CLASS-SUBCLASS		
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FR 1.363). Change of correspondence Address form PTO/SB/122): "Fee Address" indication (Change of correspondence address (or Change of Correspondence ddress form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form DYO/SB/47, Rev 30-302 or more recent) attached. Use of a Customer		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		orneys or 1 If a single attorney or 2 red patent	

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SMALL ENTITY

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Determination of Patent Term Extension under 35 U.S.C. 154 (b) (application filed after June 7, 1995 but prior to May 29, 2000)

The Patent Term Extension is 0 day(s). Any patent to issue from the above-identified application will include an indication of the 0 day extension on the front page.

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Extension is the filing date of the most recent CPA.

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